



State of Alaska
Department of Health and Social Services
Office of Fetal Alcohol Syndrome
P.O. Box 110609
Juneau, AK 99811-0609



21. Does your work require that you travel to other locations besides your main work site?☐ Yes ☐ No
22. In what year did you graduate from medical school? _____
23. What is your gender?☐ Male ☐ Female
24. In what year were you born? _____

25. What kinds of support would be helpful to you in dealing with patients who have FAS?

We are seeking information from physicians about their thoughts and experiences regarding alcohol use among their patients and Fetal Alcohol Syndrome (FAS). Your responses will be used to let policy makers know your views on the role of physicians in addressing Fetal Alcohol Syndrome among their patients, and to develop continuing medical education resources.

This survey takes 10 minutes or less to complete. Please return your completed survey in the enclosed, stamped envelope. Thank you for your time and expertise.

1. In your opinion, is it okay for a pregnant woman to have an occasional alcoholic beverage?☐ Yes ☐ No ☐ No Opinion
2. What do you think is the most alcohol that a woman could drink during her pregnancy that would probably be safe for her developing baby? ☐ **0 drinks during her pregnancy** ☐ **1 or 2 drinks during her pregnancy** ☐ **3 or 4 drinks her pregnancy** ☐ **5 or more drinks during her pregnancy** ☐ **Don't know**
3. When do you think that a woman could drink during her pregnancy that would probably be safe for her developing baby? ☐ **Never during her pregnancy** ☐ **During her 1st trimester** ☐ **During her 2nd trimester** ☐ **During her 3rd trimester** ☐ **Don't know**

4. In your opinion, is it okay for a nursing mother to have an occasional alcoholic beverage?☐ Yes ☐ No ☐ No Opinion
5. Do you think it's her own business if a woman drinks alcoholic beverages during her pregnancy?☐ Yes ☐ No ☐ No Opinion

6. With the next five statements please indicate how likely it is that you would talk to a pregnant friend or relative about the effects of alcohol on a developing baby if:
- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Your friend or relative drank 1 or 2 alcoholic beverages during her entire pregnancy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Your friend or relative drank 1 or 2 alcoholic beverages a month during her pregnancy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Your friend or relative drank 1 or 2 alcoholic beverages a week during her pregnancy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Your friend or relative drank 1 or 2 alcoholic beverages a day during her pregnancy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Your friend or relative drank 5 or more alcoholic beverages on any one occasion during her pregnancy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

THANK YOU FOR YOUR HELP.

YOUR COMMENTS AND SUGGESTIONS ARE IMPORTANT TO US. PLEASE FEEL FREE TO WRITE ANYWHERE ON THIS QUESTIONNAIRE AND/OR CALL DIANE CASTO AT 465-1188 (IN JUNEAU) OR 877 393-2287 (OUTSIDE JUNEAU)

7. With the next five statements, please indicate how likely it is that you would talk to a pregnant friend or relative about seeking professional services to help her stop drinking if:

Highly Likely

Likely

Unlikely

Highly Unlikely

Don't Know

a) Your friend or relative drank 1 or 2 alcoholic beverages during her **entire** pregnancy.

☐

☐

☐

☐

☐

b) Your friend or relative drank 1 or 2 alcoholic beverages a **month** during her pregnancy.

☐

☐

☐

☐

☐

c) Your friend or relative drank 1 or 2 alcoholic beverages a **week** during her pregnancy.

☐

☐

☐

☐

☐

d) Your friend or relative drank 1 or 2 alcoholic beverages a **day** during her pregnancy.

☐

☐

☐

☐

☐

e) Your friend or relative drank **5 or more** alcoholic beverages on any one occasion during her pregnancy.

☐

☐

☐

☐

☐

8. How much do you know about the medical diagnosis called Fetal Alcohol Syndrome?

I've never heard of FAS

I've heard of FAS

I know a little bit about FAS

I know a lot about FAS

9. Please indicate how strongly you agree or disagree with the next six statements about Fetal Alcohol Syndrome (FAS):

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

No Opinion

a) People with FAS have a set of birth defects.

☐

☐

☐

☐

☐

b) People with FAS have brain damage.

☐

☐

☐

☐

☐

c) People with FAS have mental retardation.

☐

☐

☐

☐

☐

d) People with FAS are affected physically.

☐

☐

☐

☐

☐

e) People with FAS will outgrow these effects.

☐

☐

☐

☐

☐

f) People with FAS have these effects through adulthood.

☐

☐

☐

☐

☐

10. Please indicate how strongly you agree or disagree with the next six statements about the effects of FAS on a person's capabilities:

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

No Opinion

a) FAS affects a person's motor skills.

☐

☐

☐

☐

☐

b) FAS affects a person's memory.

☐

☐

☐

☐

☐

c) FAS affects a person's judgement.

☐

☐

☐

☐

☐

d) FAS affects a person's ability to plan.

☐

☐

☐

☐

☐

e) FAS affects a person's ability to reason.

☐

☐

☐

☐

☐

f) FAS affects a person's ability to learn.

☐

☐

☐

☐

☐

11. Please indicate how strongly you agree or disagree with the next three statements about alcohol use and FAS:

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

No Opinion

a) Drinking alcohol during pregnancy can cause birth defects.

☐

☐

☐

☐

☐

b) Currently, the only known cause of FAS is alcohol consumption by a birth mother during her pregnancy.

☐

☐

☐

☐

☐

c) Fetal Alcohol Syndrome is preventable.

☐

☐

☐

☐

☐

12. Are you aware of any local groups or state agencies who currently provide help with FAS issues in your community?

Yes

No

12a. If yes, who are they?

13. Which of these populations do you currently provide medical services for? (**Please check all that apply**)

children (ages 12 or less)

adolescents (ages 13-18)

adults (ages 19+)

☐ Male

☐ Female

☐ Male

☐ Female

☐ Male

☐ Female

14. Of the newborn patients that you have delivered or seen in the past year, what percent have had alcohol related complications?

.....

%

15. Do you currently have any FAS screening or diagnostic services available in your community?

Yes

No

Don't Know

15a. If yes, who are they?

16. Please indicate whether or not you have ever:

Yes

No

a) Referred a patient for an FAS screening or diagnosis?

☐

☐

b) Made an FAS chart notation on a patient?

☐

☐

c) Made an FAS diagnosis on a patient?

☐

☐

17. Please indicate how strongly you agree or disagree with the following statements about your role as a health care provider:

Strongly Agree

Somewhat Agree

Somewhat Disagree

Strongly Disagree

No Opinion

a) I feel that it is important for pediatricians to address alcohol abuse problems among their patients and their families.

☐

☐

☐

☐

☐

b) I feel comfortable making a chart notation of Fetal Alcohol Syndrome (FAS).

☐

☐

☐

☐

☐

c) I feel comfortable making a diagnosis of Fetal Alcohol Syndrome (FAS).

☐

☐

☐

☐

☐

d) I feel that I have the appropriate skills and knowledge to deal with patients and their families who have problems with alcohol abuse.

☐

☐

☐

☐

☐

e) I feel that I have the appropriate skills and knowledge to deal with patients who have FAS.

☐

☐

☐

☐

☐

18. What is the primary setting for your practice:

Hospital-based Practice

Native Health Corporation

State/Borough/ Municipality

Military

School

Private Practice

IHS

Other (specify)

19. In a typical week, how many patients do you see?

20. Where is your main work location (city or village name)?

PLEASE TURN PAGE